

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

NOV 15 1937

791

1003

35736

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis, (d) Street No. 2006 East Harris Ave Registered No. 9313
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Frank Hoffmeyer Sr.
 (a) Residence, No. 2006 East Harris Ave. St. 9
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha T. Hoffmeyer (deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18, 1869.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68. 7. 16.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Germany.
 (STATE OR COUNTRY)

13. NAME Anthony Hoffmeyer.

14. BIRTHPLACE (CITY OR TOWN) Germany.
 (STATE OR COUNTRY)

15. MAIDEN NAME Frances.

16. BIRTHPLACE (CITY OR TOWN) Germany.
 (STATE OR COUNTRY)

17. INFORMANT Martha T. Hoffmeyer
 (ADDRESS) 2006 E Harris Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary. DATE Oct. 7, 1937

19. FUNERAL DIRECTOR Math Hermann & Son.
 (ADDRESS) 2161 East Fair Ave.

20. FILE OCT 5 1937 J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3rd, 1937 to Oct. 4th, 1937
 I last saw him alive on Oct. 4th, 1937. Death is said to have occurred on the date stated above, at 2.00A.M.

The principal cause of death and related causes of importance were as follows:

Hemorrhage caused by
Septic ulcer. Date of onset

Other contributory causes of importance:

noneName of operation none Date ofWhat test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none Date of injury none, 1937Where did injury occur? none(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Frank J. V. Abo M. D.
 (Address) 3500 N. Grand.

STATEMENT BY LICENSED EMBALMER

I, William G. Buchholz, Licensed Embalmer No. 2110

hereby certify that the body recorded on the reverse side of this certificate was embalmed by William G.

Buchholz, L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed William G. Buchholz

Licensed Embalmer No. 2110

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)